

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)
10/5/2,319
FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
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47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	1		↓		↓								
TOTAL DEP.	26	←		←		←		↓		↓		↓	
TOTAL CLAIMS	27						←		←		←		